

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

ITEM NO.

FILING DATE

10 / 522767

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1							
2							
3							
4							
5							
6							
7		1					
8		1					
9	1						
10		1					
11		1					
12		1					
13		1					
14		1					
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49							
50							
TOTAL IND.	2		↓		↓		↓
TOTAL DEP.	14	←	←	←	←		
TOTAL CLAIMS	16						

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
51							
52							
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97							
98							
99							
100							
TOTAL IND.			↓		↓		↓
TOTAL DEP.		←	←	←	←		
TOTAL CLAIMS							